

Work Order ID 89557

89557

Page 1

August-24-12 10:11:22 AM

Item ID: D4640-7 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Aft Wall Protector
 Start Date: 8/24/12 Start Qty: 10.00 ***10*** Cust Item ID:
 Required Date: 11/05/12 Req'd Qty: 10.00 ***10*** Customer:
 Reference:

Approvals: Process Plan: W Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| D4640 | <u>1</u> <u>ZEN 12.652</u> | 0.00 | | | | | | | |
| 100 | | 0.00 | | | | | | | |
| *100* | | | | | | | | | |
| Waterjet | Memo | | | | | | | | |
| FLOW CNC Waterjet | Cut as per dwg | | | | | | | | |
| | Prog Rev: <u>C</u> | | | | | | | | |
| | Dwg Rev: <u>L</u> | | | | | | | | |
| | Deburr as required | | | | | | | | |
| 110 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *110* | | | | | | | | | |
| QC | Memo | | | | | | | | |
| Quality Control | | | | | | | | | |

(10) _____ B13-1-B
 (10) _____ B13-1-B

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | |
|---|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|--|--|---|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Work Order ID 89557

August-24-12 10:11:22 AM

89557

Page 2

| | | | | | | |
|----------------|--------------------|------------|---------------------|---------------|-------|--------------|
| Item ID: | D4640-7 | Accept | *N900040100* | Setup | Start | *NS1* |
| Revision ID: | | | | | Stop | *NS2* |
| Item Name: | Aft Wall Protector | | | | | |
| Start Date: | 8/24/12 | Start Qty: | 10.00 | Cust Item ID: | | |
| Required Date: | 11/05/12 | Req'd Qty: | 10.00 | Customer: | | |
| Reference: | | | | | | |
| Approvals: | Process Plan: | Date: | Tooling: | Date: | Run | Start |
| | QC: | Date: | SPC (Y/N): | Date: | | Stop |
| | | | | | | *NR1* |
| | | | | | | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|---|---|----------------------|---------|------------------------------|--------------|---------------|---------------|------------------|----------------|
| 120 *120* QC Quality Control | QC8- Inspect parts - second check Memo Use template to mark | 0.00 0.00 | | DAS 15 9-89 13-1-15 | | 10 | | | |
| 130 *130* Packaging Packaging | Identify as per dwg & Stock Location: PKG Memo | 0.00 0.00 | | DAS 06 9-89 | | 10 | | 13-1-22 | |
| 140 *140* QC Quality Control | QC21- Final Inspection - Work Order Release Memo | 0.00 0.00 | | | | | | MCJ 13-01-25 | ME 13-1-25 |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
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| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|--|---|--|---|--|
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Picklist Print

August-24-12 10:11:22 AM

Page 1

Work Order ID: 89557

Parent Item: D4640-7

Parent Item Name: Aft Wall Protector

Start Date: 8/24/12

Required Date: 11/05/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.093-F6006-07 GE PLASTICS LEXAN SHEET | | Purchased | No | | | 100 | sf | 1,452.6700 | 2.38 | 25.052632 | | | |

B13-1-13

Location

Loc Qty

Loc Code

therm

1452.67

112176

40.44

114459

1412.23

114459

(10)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
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| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
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| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
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| | | |
|--|---------------------|-------------|
| DART AEROSPACE LTD | Work Order: | 89557 |
| Description: Aft Wall Protector | Part Number: | D4640-7 |
| Inspection Dwg: D4640 Rev: 3 | | Page 1 of 1 |

[illegible]

NCR: Yes / No

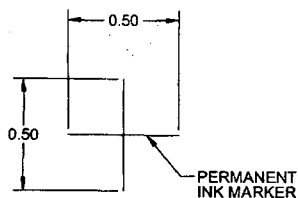
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

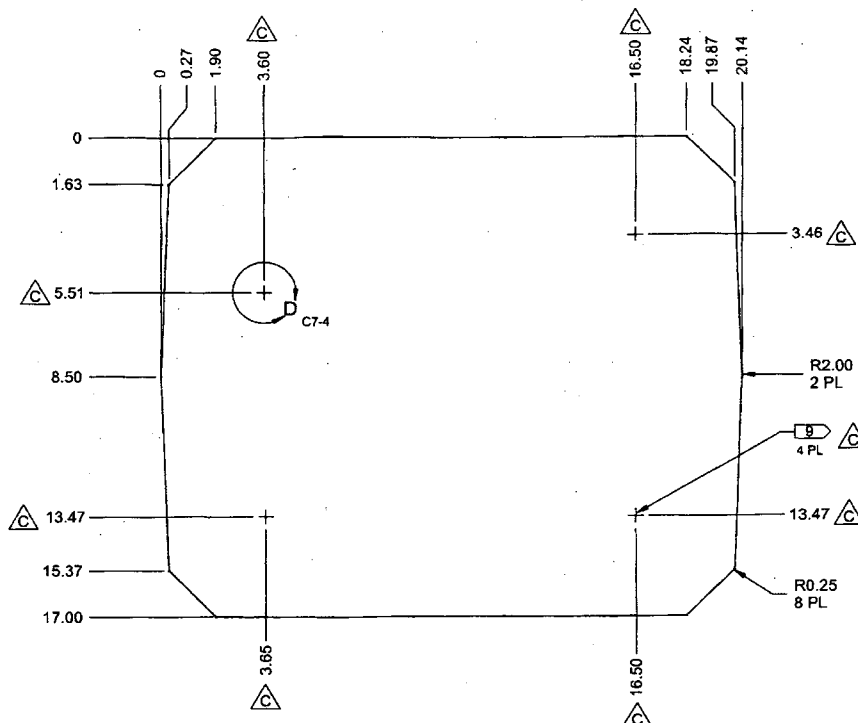
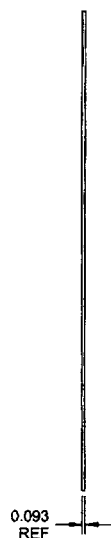
| | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|
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| Supplier <input type="checkbox"/> | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | |

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|--|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |



DETAIL D
NOT TO SCALE
TRIMMED KIT ONLY

C5-4









D4640-7 AFT WALL PROTECTOR
TEXTURED SIDE SHOWN

NOTES:

- 1) MATERIAL: F6006-GY5B133 GRAY LEXAN SHEET (SUEDE/POLISHED) 0.093 THICK
REF DART SPEC MLEXS.093-F6006-07
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1 ON SMOOTH SIDE
- 7) WEIGHT: 1.34 lbs
- 8) CHECK PER TEMPLATE DT8927
- 9) IF CUSTOMER REQUESTS "TRIMMED KIT" ON PURCHASE ORDER, DRAW 0.50" CROSS
ON TEXTURED SIDE AT INDICATED LOCATIONS USING PERMANENT INK MARKER

89557

RELEASED
2012-11-29

| | | | |
|------------|---|---|--------------|
| DESIGN |  | DART AEROSPACE LTD | |
| DRAWN |  | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED |  | DRAWING NO. | REV. C |
| MFG. APPR. |  | D4640 | SHEET 4 OF 9 |
| APPROVED |  | TITLE | SCALE |
| DE APPR. |  | BAGGAGE PROTECTOR | NTS |
| DATE | 12.11.22 | COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD. | |